



SALT LAKE CITY CORPORATION RISK MANAGEMENT

BASIC NOTICE OF CLAIM INFORMATION

In general, to make a claim against Salt Lake City Corporation for personal injury or property damage, you are required to comply with the provisions of the Governmental Immunity Act of Utah, Utah Code Ann. § 63G-7, et seq. This can usually be found at your local library or on the Utah State Government website.

The completed Notice of Claim form you submit must be signed by the individual making the claim or by his or her legal representative. Faxed copies are NOT accepted.

Relevant documentation, including, but not limited to, police report(s), witness statement(s), photo(s), and/or vehicle repair estimate(s), invoices, etc. maybe submitted with the Notice of Claim Form but are not necessary to file your Notice of Claim.

Mail your claim to:

OR

Hand-deliver your claim to:

Salt Lake City Recorder
P.O. Box 145515
Salt Lake City, UT 84114-5515

**Please call or email the Recorder's
Office to schedule an appointment.**

(801) 535-7671
slrecorder@slcgov.com

Email your claim to:

slrecorder@slcgov.com

IMPORTANT!!! This information is provided as a service to the citizens of Salt Lake City and is not intended to substitute for legal advice. There are claims that are not subject to the requirements of the Governmental Immunity Act of Utah and which may be subject to other laws or procedures. Not all claims are honored even if correct procedures are followed; there are many circumstances where a claim need not be paid. You are urged to obtain competent legal advice if you have any questions. In addition, Salt Lake City Corporation makes no warranty as to the correctness or completeness of this information. Requirements of the Governmental Immunity Act of Utah change from time to time. You are responsible for compliance with the current requirements of the Governmental Immunity Act of Utah. The provision of this information is not to be construed as a waiver of any provision of the Governmental Immunity Act of Utah.



**SALT LAKE CITY CORPORATION
RISK MANAGEMENT**

NOTICE OF CLAIM FORM

Please Complete One Notice of Claim for Each Claimant

Claimant's Last Name: _____

Claimant's First Name: _____

Claimant's Full Address: _____

Claimant's Telephone No(s): _____

Claimant's Email Address: _____

Date of Incident: _____ Time of Incident: _____

Address of Incident: _____

Claimant's Vehicle Information: _____
(Year) (Make) (Model)

Police Case Number: _____ Police Department: _____

City Department/Employee Involved: _____

City Vehicle Involved: _____
(Make) (Model) (License Plate Number)

Brief Statement of Facts: _____

IMPORTANT! This information is provided as a service to the citizens of Salt Lake City and is not intended to substitute for legal advice. You are responsible for compliance with the current requirements of the Utah Governmental Immunity Act. Salt Lake City Corporation makes no warranty as to the correctness or completeness of this information. This information is not to be construed as a waiver of any provision of the Governmental Immunity Act of Utah § 63G-7, et seq.

Mailing Address: Recorder's Office, P.O. Box 145515, Salt Lake City, UT 84114-5478



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Nature of Claim Asserted: _____

Damages Incurred So Far as They are Known: _____

Injuries Incurred So Far as They are Known: _____

Claimant's Signature

Date Signed

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Revised June 10, 2021

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